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ORIGINAL LECTURES. CLINICAL LECTURES ON MALIGNANT DISEASES OF THE UTERUS.

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Reported by A. H. KELCH, M.D. (Stenographer).

LECTURE I.

GENTLEMEN,—This morning we will consider the important subject of malignant growths of the uterus. Although these are diseases that are usually considered fatal in their results and beyond our power to cure, still our consideration of them becomes important because they are not properly understood by the profession at large. A case of cancer of the uterus will often continue until it has nearly destroyed the life of the patient before the attending physician has any knowledge of—or even suspects—the character of the disease.

In accordance with the latest ideas concerning the pathology of cancerous growths, if we could diagnose the disease in its earliest stages we would often be able to eradicate it thoroughly and permanently relieve our patient. I have recently been very forcibly struck by the fact that physicians and surgeons of some reputation are in the habit of neglecting these patients, or are not able to make a diagnosis of the disease until it is in its final stages. Some months ago I was called by a very aged physician who had been attending, in connection with his son, a woman who for some time was said to have suffered from some inflammatory condition which they could not diagnose. Upon examination, the developed cancerous growth was so manifest and characteristic, having invaded nearly the entire vesico-vaginal septum and bound the uterus down firmly, that the diagnosis was instantly made. The woman has since died. Shortly afterwards I was called to see a negro woman, 70 years of age, who had been treated homœopathically, and afterwards visited by two gentlemen of the regular profession who have considerable reputation as surgeons. None seem to have suspected cancer, as they were giving

her stimulant and tonic treatment, telling her and her family that her condition was the result of old age. In the negro the cachectic appearances of cancer are not so well marked, of course, as in the white; but in this instance, from the appearance of the woman, and from her previous history, I suspected cancer of the uterus, and upon examination I found her suffering from this disease in its last stages, and in about five weeks she died. Shortly after, a woman called to see me with uterine disease, not suspecting any malignant tendency. When I introduced my finger into the vagina the character of the disease was so manifest that I made no further examination, but, with the full knowledge that she was suffering from an extensive epithelial growth of the cervix, sent her home. I operated upon her shortly afterwards and removed a mass of cancerous tissue; but the disease had extended so far that it was impossible to remove it all, and, although the operation mitigated the severity of the symptoms, lessened the ichorous discharge, and controlled hemorrhage, she is now very low, and expected to die at any time. These three cases I give as illustrative of quite a number of others. In my hospital practice I have known a great number of them.

A few months ago I was called to examine a woman who had been treated in the female medical ward as a medical patient. Upon examination, I found her uterus entirely involved and the surrounding tissues deeply infiltrated, presenting a tumor pushing up well into the abdomen, the result of sarcoma of the uterus. In fact, I may say that I have never, in my experience with cancerous disease of the uterus, known but one case to come under my observation sufficiently early to hope for any permanent relief from an operation. This was in a woman, 60 years of age, having an epithelial form of cancer that had developed in the mucous membrane lining the cervical canal. I succeeded in removing all the cancerous tissue, which extended up to the internal os, and by the application of caustic the parts healed beautifully, and the woman has been perfectly well since.

While these cases, as a rule, are insidious in their development, yet the physician with a proper knowledge of this subject will not usually allow them to go on to such an extent as to be irremediable before their

nature is detected; and the earlier we detect the nature of the disease the greater the chances in favor of the patient. If the diagnosis is not made until the disease has extended up to the vaginal attachment, and the inflammatory products have extended to the cellular tissue surrounding the uterus, we cannot expect or hope to do anything more than to mitigate the symptoms, prolong life to some extent, and smooth the way to the grave. If the disease has not involved the vaginal tissues before we detect it, we may hope to relieve the patient permanently, and we know of quite numerous instances reported by surgeons where the disease has never again recurred. Some will say this is a mistake in diagnosis, and sometimes this may be true, but we have too many instances by men of reputation and experience in this department of surgery to doubt that they are correct in their conclusions.

Cancer is of local origin, and afterwards becomes constitutional by the diffusion of the poisonous or cancerous material, causing thus the cancerous cachexia. The cancerous poison is first absorbed and taken into the glandular structure, through which, if it could pass, it would be eliminated from the system. But here it is obstructed, and we then have the cancerous cachexia developed. If while it is a local disease we remove the growth, I can see no reason why we cannot hope to give permanent relief.

Clinically speaking, there is no necessity for any classification of cancerous growths, since they are all treated alike, and all alike tend, when their course is uninterrupted, to a fatal issue. But histologically there is a difference, and there is also a difference as to locality. Histologically we may classify cancerous growths of the uterus as encephaloid or medullary, as colloid, as scirrhus, and as epithelioma. These are termed purely cancerous growths; but we may classify other malignant growths of the uterus as non-cancerous, but which end fatally, such as sarcoma, myxoma, and corroding ulcer.

Colloid and encephaloid are very seldom met with in the uterus, and it is doubtful if scirrhus be ever found in this locality. The most frequent of all is the epithelial variety. This is nearly always met with in the cervix, and extends subsequently to other structures. The epithelial variety is particularly found to originate in the

cervix. Its origin is nearly always from the mucous membrane covering the cervix and that lining the cervical canal up to the internal os, whence it gradually spreads to other tissues. We also find that occasionally epithelioma is styled papilloma or cauliflower excrescence. We may have papilloma that is not cancerous or malignant,—those papilloma or villous projections originating from the expansion of the ultimate twigs and loops of vessels and nerves. From these papillæ the disease first originates. They then increase by the enlargement of the blood-vessels, which become looped upon one another. These growths are covered by a thickened mucous membrane until they begin to break down by ulceration. They then spread out in all directions, and present the appearance of cauliflower excrescence.

There is a variety of opinions in regard to the etiology of cancerous growths of the uterus. The old idea of the heredity of these growths is no longer particularly dwelt upon, and now the generally accepted view is that they are the result of local injury inflicted upon the part; and their more frequent development in the cervix than in any other part of the uterus is in keeping with this theory, because the cervix in sexual intercourse is the part mechanically injured, and it is the part that is lacerated during labor. Dr. Emmet has, in his examination of these cases, discovered that in nearly every instance of cancer that has come under his observation, where the disease had not advanced so far that he could not satisfactorily make an examination, a laceration of the cervix existed. Then again, in his analysis of all cases, he has discovered that in every instance the woman has borne a child or has been pregnant and miscarried. He found, as a result of his analysis, that these women have borne on an average about $4\frac{1}{2}$ children and had $2\frac{1}{2}$ miscarriages. So you see the average number of labors and miscarriages in those women who have cancer is far in excess of what is usual, and we must necessarily infer that the injury to the uterus in labor must be the prime cause. Now, then, it is likely due to perverted nutrition in the attempt to repair local injury, and this may result after labor when there is a laceration of the cervix. The disease does not immediately follow the last labor, but is usually developed after a number of years. When

the cervix is badly lacerated there always results more or less hardened cicatricial tissue favorable to the early development of epithelioma. Again, cancer develops at any time from the age of twenty to the end of the woman's life. It is rare between twenty and thirty; more common between thirty and forty; and more frequently observed between forty and fifty years of age. It is most common about the climacteric period. This is so well known by the laity that women have a great dread of this disease at this time of life. Dr. Emmet has seen but one instance of cancer in the negro, and supposes they possess some immunity from the disease. I have seen four or five cases of cancer of the uterus in the negro, and cannot concur in the opinion of Dr. Emmet.

While the symptoms of cancer are sometimes so well marked as directly to call attention to the disease, they are sometimes so masked as not to lead us to suspect any condition of this sort until the disease has extensively progressed, and even gone so far that we can have no possible hope of permanent relief by any operation we may institute.

The most prominent symptoms are hemorrhage, an ichorous discharge, and pain. Finally, the cachectic appearance, that unhealthy straw color of the skin, is manifested. Sometimes the hemorrhage does not appear until the late stages of the disease. The same may be said of the ichorous discharge, and a woman may die of cancer without having suffered any pain. Pain is not usually a marked characteristic until the inflammatory products are thrown out into the cellular tissue around the uterus, causing pain, as it were, by compressing the nerve-filaments between the hardened indurated tissue. But these symptoms generally begin sufficiently early to attract the notice of the woman, and to call our attention to the necessity for a physical examination, before the vagina becomes involved. Generally, very soon after the beginning of the disease we find there is a hemorrhagic discharge or occasional metrorrhagia. Sometimes there is a continuous hemorrhage very soon after the disease begins, which is itself sufficient to call the woman's attention to the necessity for a physical examination, which may now reveal the nature of the disorder. Finally, at this stage the pain may be also sufficient to attract the attention of the woman and

of the physician, or the characteristic effect of the disease upon the constitution of the patient is sufficiently well marked to indicate that there is a cancerous disease of some part of the system; but when this has become manifest, the disease has generally progressed so far that without its aid we might determine the nature of the trouble. Our attention having been called to some form of uterine trouble as indicating malignant disease, we institute a physical examination, and when the finger comes in contact with the protruding mass covered by a thickened mucous membrane or an ulcerated surface, we are often at once satisfied as to its character. We may then pass one finger up beyond this mass and come in contact with healthy tissue above, where the cancerous growth has not extended, up to the vaginal attachment. This growth may be found attached to the anterior or posterior lip of the cervix. The surface will be found rough, with uneven, hard, and brittle projections,—not so hard, but rather fragile, and, when torn, followed by profuse hemorrhage. Each of the projections seems to have its arterioles increased in size. If the disease has extended up above the vagina, you will find that the uterus becomes immovable and is bound firmly in its position. You will, in withdrawing the finger, detect a peculiar odor that is so characteristic that when once perceived it will never be forgotten. If the disease is a sarcoma of the uterus, developed, as it usually is, in the fundus, the symptoms will not be so well marked, and the disease may, in some instances, progress until it has impressed the system to a marked degree before it can be detected. We usually in these cases have a serous and acrid discharge, but not so much hemorrhage as in that form which develops in the cervix. We may have, when the disease begins in the body, a watery mucus thrown off that bears a resemblance to the washings of meat. These are the difficulties we may encounter in making the diagnosis until the system is involved, and then we may find that the uterus is much enlarged and bound in its position. By bi-manual examination, then, we may in many instances detect the hardened and indurated tissues, even up in the inguinal regions. The disease at this stage may or may not have involved the cervix. As it involves the cervix it may become dilated, and you will then be able to in-

roduce your finger up into the cavity directly in contact with the growth. Any form of these cancerous growths may involve adjacent tissues until it may include in its ravages the rectum and the bladder, and even fill almost entirely the pelvic cavity. From what I have stated you know, of course, the prognosis. A cancerous growth uninterrupted tends invariably to a fatal result, and the only hope is in timely surgical interference. Where the disease is detected early, before the system is impregnated with the poison, and before it has reached up to the vaginal attachment, we may permanently relieve the patient. Where it has gone farther up and involves the vagina and surrounding structure, and the system is impregnated with the poison, the condition may be ameliorated and life prolonged, but there is no possible hope for a perfect cure. An important question, then, is, How are we to treat malignant diseases of the uterus? This subject will engage our attention at the next lecture.

ORIGINAL COMMUNICATIONS.

CONGENITAL MALFORMATION OF THE RECTUM.

By J. HENRY C. SIMES, M.D.,
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CONGENITAL malformations of the rectum are of such rare occurrence, and when met with demand such surgical interference, that a record of any such affection and the course adopted to remedy the defect is a sufficient apology for the accompanying publication.

Notwithstanding the infrequency of this malformation, we find there are no less than seven varieties given by Curling in his work on "Diseases of the Rectum," and also that these seven varieties do not include all the congenital malformations to which the rectum is liable.

The case here presented belongs to the fifth class as arranged by Curling: "*Imperforate anus in the female, the rectum being partially deficient and communicating with the vagina.*"

During the latter part of July of this year, a child six weeks old was brought by its mother to the out-door surgical department of the Episcopal Hospital of this city, suffering, as she said, "with some

trouble in having a passage from the bowels." Upon examination, there was seen to be an imperforate anus: the opening of the rectum was found to be within the vagina, communicating with it by a small aperture, through which I was able to pass the end of an ordinary probe. By this opening the fæces had been passed since the birth of the child, in a fluid state. But lately the mother had noticed that the fæces were becoming more solid, and that there was more difficulty and pain, evinced by the crying of the child, during defecation: this circumstance gave her some anxiety, and she was induced to bring the child to the hospital to ascertain if anything could be done for its relief. The child, with the exception of this malformation, was in all its external organs normally developed; it was much below the size and weight of a healthy child of the same age; its general health was said to be good, although there was a certain flabby condition of its flesh. The mother's health was very much broken down: she stated that her confinement was very difficult. The nature of the difficulty could not be ascertained, as she was attended during her labor by an irregular so-called doctor, by profession a blacksmith, by practice a physician.

The child, with its mother, was admitted into the surgical ward of the hospital on July 21. The next day, July 22, with the assistance of Dr. Charles B. Nancrede, the following operation was performed, the anæsthetic—ether—being administered by Dr. Cathcart. The child was placed in the lithotomy position; a director was then passed through the opening in the vagina into the rectum: this served as a guide for the incision, which was made along the raphe from the vaginal opening of the rectum to a point a little in advance of the extremity of the coccyx, thus dividing the perineum and a portion of the mucous membrane of the vagina. By careful dissection the rectum was separated from its connection with the vagina and carried back to the posterior angle of the incision made in the perineum, in which position it was retained by two fine silk sutures. The wound anterior to the now turned-back rectum was brought together by a silk suture. A small piece of flexible rubber drainage-tube was passed into the newly-formed anus, and retained in position by means of a ligature made fast to the buttock

with adhesive plaster. The dressing consisted simply of a piece of lint saturated with carbolized oil placed over the wound. Before the child had recovered from the anæsthetic a small amount of fæces was seen to flow out of the free end of the drainage-tube. The hemorrhage during the operation was but slight, no vessels were divided that called for ligation, and all oozing ceased when the wound was closed.

Without entering upon the daily details of the progress of the case, it may be briefly summarized in a few words. The operation, which was done to relieve the child of its malformation, was successful. The newly-formed anus, ten days after the operation, permitted a No. 12 (English scale) urethral bougie to pass with facility, and through this opening the child passed all its fæces. At this time the perineal wound was in a healthy condition and granulating very satisfactorily. I may state that direct union of the perineal wound was not obtained: the suture which joined the two sides had given way on the third day.

Owing to the insufficient quantity and poor quality of the milk furnished by the mother, it became necessary to resort to artificial feeding: this, unfortunately, did not agree with the child, and a diarrhœa set in, which of course acted very unfavorably upon its general health. The mother, much to my regret, now became dissatisfied with the restraint imposed upon her, and left the hospital with her baby. I have since learned that the diarrhœa continued and the child died one week after leaving the hospital.

A word in reference to the operation, which is essentially that first described and performed by Rizzoli, of Bologna. In theory this operation is undoubtedly the most scientific and one which should be performed in certain cases, but from my experience in the above case I would be inclined to adopt a more simple operation should an opportunity again present itself. The procedure of passing a director or probe through the vaginal opening into the rectum and turning its point towards the normal position of the anus, so as to act as a guide, then cutting down upon the instrument until the bowel is opened, after which the coats of the bowel may be united by sutures to the borders of the external wound, has been several times performed with very satisfactory results, and it seems

to me this very much less complicated method is one that should be employed in very young infants. At a more advanced age, when the parts are to some extent more developed, then the more difficult operation of Rizzoli is applicable.

2033 CHESTNUT STREET.

THE IDIO-MUSCULAR CONTRACTION.

BY B. F. LAUTENBACH, M.D.

THE only unchallengeable proof of the existence of an irritability of the muscles independent of the nervous system is to be found in what Schiff has called the *idio-muscular* contraction, in contradistinction to the well-known neuro-muscular contraction. "A contraction which, like the one of which we speak, is limited to the point of irritation, so that the figures written with a pencil on the muscle remain as swellings, cannot but be considered as resulting from a direct irritation." An argument similar to this was used by Schiff in 1859, but he considered the local contraction which remained sometimes at the point of irritation to be peculiarly of muscular origin, while the contraction of the whole muscle which resulted from a blow or from the application of chemical agents was of nervous origin.

Kühne has since endeavored to prove, and to the satisfaction of Hermann has proved, that the local contraction is only the remains of the general contraction which, according to Kühne, always must precede the local or idio-muscular contraction.

Having said what this investigator endeavored to prove, my readers will not require me to give Kühne's experiments or arguments in this paper, which is in reality only a preliminary communication. Especially will I be granted this boon if it can be shown that the idio-muscular contraction can occur without the whole muscle contracting. When the muscles of dogs, cats, and rabbits were exposed, and a drop of a concentrated solution of the glucoside saponin was put on the fleshy part of the gastrocnemii, a gradual swelling of the parts of the muscles directly touched by the solution was produced, but the muscles in their entirety remained immovable. Electric irritation of these muscles or of their nerves caused them to contract.

These experiments certainly prove that the local contraction of the muscles is not the "remains" of a general contraction, no general contraction having occurred.

But I can go still further, and place a skeleton muscle in such a condition that it can no longer respond to irritations but at the point where the irritation is made,—that is, a general contraction of the muscle is no longer possible, yet the local or idio-muscular contraction can still be produced.

The first experiments in which I succeeded in doing this were made on frogs. The spinal cord and the brain were destroyed, and the muscles of one extremity were laid bare. A weak solution (one per cent.) of saponin was then slowly injected into the heart. In the mean time the muscles were being continually examined as to their ability to contract through the agency of an induction current. When it was found that they had lost their power of contracting in response to the current, mechanical irritants were used; but these also failed to produce a general muscular contraction. The local idio-muscular contraction, however, occurred at the point where the mechanical irritation was made. Electric irritation of the nerve failed to cause the muscle to contract. If the solution be too strong or too rapidly introduced into the blood-vessels, the above result will not be obtained, but the idio-muscular contraction of all the striated muscles of the body will be produced. With the utmost care I was often unable to avoid this result.

In mammals this experiment proved even more difficult, but when it succeeded the results were so striking that they more than repaid the many fruitless experiments. The injection in these animals was made into one of the femoral arteries, and the muscles of the thigh were examined. When fortune was favorable, one of the following results was obtained:

1. The muscle in its upper part lost its power to contract in its entirety, but the local or idio-muscular contraction was still possible.

2. The upper portion of the muscle passed into a state of idio-muscular contraction. Below this there is a zone where the general contraction was no longer possible, yet the local idio-muscular could still be produced. In some experiments there was also a zone of the muscles farther from the point of injection where all the forms of contraction were still possible.

Proof enough has now been given to show that the idio-muscular contraction is not the local more persisting "remains" of a general contraction that the German physiologists before mentioned think it to be. Above has been given the radical proof of this, in that the former can occur without the latter and when the latter can no longer occur.

Elsewhere I have given the reasons why the contractions produced by the application of a strong solution of saponin to the muscles must be considered as idio-muscular.

That the ordinary rigor mortis is naught else than an idio-muscular contraction was claimed by Schiff more than twenty years ago. The microscopical changes in the muscles in ordinary rigor mortis or in Pickford's rigor from heat I have found to correspond exactly with those produced by saponin and the other agents which produce the idio-muscular contractions. When a muscle attached to a still living animal is placed in distilled water it gradually shortens and thickens, and the more it does this the more does its excitability disappear. A muscle thus treated shows under the microscope the same changes as are to be found in the muscles treated with a strong solution of saponin. These microscopical changes seem to depend only on a difference in the degree of contraction in the different "muscle squares," causing the muscle to lose its striated appearance.

In a recent series of experiments the question of the relation which myosin bears to the idio-muscular contraction was examined. A method had to be found by which the myosin of the muscle could be dissolved from the muscle without affecting the other portions of the muscle. The most satisfactory results were obtained by a method suggested by the results obtained by my friend Dr. Danilewsky in his now voluminous researches on the albuminous bodies. According to his researches, such a solvent as I desired was to be found in chloride of ammonium. The salt employed was obtained chemically pure by recrystallization. A five-per-cent. solution of this substance was injected into the heart of a frog until the muscles would no longer respond to direct or indirect electrical irritation. The muscles were then irritated by blows, and especially by soaking them in a strong solution of saponin,

but not even the idio-muscular contraction occurred. The idio-muscular contraction must therefore in some manner depend on the presence of myosin in the muscles. The muscles themselves did not appear to be changed, except—and this certainly seems strange—that they were not longer, but rather shorter, than before the injection was made. One would think that after the myosin, which seems to be the contracting substance in the muscle, was removed, the muscle would be longer.

The same result was obtained in the histological examinations. It is well known that the striations apparently disappear in the muscular fibres treated with saponin. But if the muscle has been previously placed in the chloride of ammonium solution, the adding of the saponin will not produce a disappearance of the striations.

CONCLUSIONS.

1. The idio-muscular contraction, or a contraction depending solely on the muscles, is always localized to the point where the irritation is made.
2. An idio-muscular contraction can occur in a muscle which is no longer capable of a general contraction.

NOTES OF HOSPITAL PRACTICE.

HOSPITAL OF ORAL SURGERY.

CLINICAL SERVICE OF PROFESSOR J. E. GARRETSON, M.D.

Reported by WILLIAM C. FOULK.

AN OPERATION AFTER TAGLIACCOZZI FOR THE RADICAL CURE OF EPITHELIOMA.

BEFORE presenting the patient of this morning, I desire to say a word introductory of the hospital in which we find ourselves assembled.

A hospital of oral surgery is an institution new to Philadelphia and to the country. Indeed, the one in which we stand is the first and only one of its kind in the world. This hospital is inaugurated with a view to the establishment of a new specialty.

Some years back your speaker was invited by the trustees and faculty of the Philadelphia Dental College to assist in the instruction of the students of that institution by affording them opportunity, through a clinical service, to familiarize themselves with the various surgical conditions allied more or less intimately with

the specialty of dentistry. That clinic enabled its surgeon to lay practically the foundation of a pure medical specialty, which, he is sure, is to prove of a similar service, both to the medical profession and to suffering humanity, as that good found in the advanced ophthalmology of the day as comparison is made with the eye-surgery of thirty years back.

The Hospital of Oral Surgery is at present supported by the treasury of the Philadelphia Dental College, and by such donations as come to it from the charitable. It is, however, to be understood as being a something lying between a dental and a medical school. Students coming to the Philadelphia Dental College as matriculates in dentistry proper are allowed all the advantages of study in the hospital department, but attendance on its clinical service is not obligatory on them.

A class, constantly growing in number, is finding its way to the school with a view to preparation for entrance upon the practice of oral surgery. The study of oral surgery begins with dentistry and ends with medicine. The practice of oral surgery finds its limitation in the abilities of the surgeon who assumes the duties of the department. That it will become a prominent specialty is assured by two factors: it has in it the source of very immediate and reasonable revenue; it is full of scientific interest and complex problems. Students entering this hospital with a view of becoming oral surgeons enter with the object of becoming medical men in the widest meaning of that term. The time of pupillage is three years. The degrees required to be taken are two,—M.D. and D.D.S. One of these degrees is taken at a dental school, the other at a medical college. The explanation will make the class feel at home, I trust, in the two different purposes which have brought the members of it together.

We will now open the clinic.

I have had the opportunity to show, during my connection with the school, quite a number of what are known as plastic operations. One to be done to-day will prove of peculiar interest. The patient belongs to my private practice, and you and I are alike indebted to the gentleman that it is allowed to be performed here.

In the sixteenth century, Tagliacozzi, a surgeon of Bologna, made a reputation

which has descended even down to the present day by a device practised by him of converting arm-tissue into noses. To Tagliacozzi must I give the credit for what I am about now to attempt before you, the hint lying in his operation.

It is some twelve years since that a discovery, accidentally made, seems to have placed in my hands a radical cure for epithelioma. By referring to your text-book on Oral Surgery, page 992, you will find a cut representing an operation performed for the restoration of an eyelid which had to be removed in the treatment of the disease named. The case was one of inferred carcinoma; worse than that, there was a cancer history connected with the family. In designing the flap for that operation I found myself restricted for the part of replacement to the neighborhood of the oral angle. The new lid was cut from that part, while an intermediate triangular portion of the cheek was turned down to occupy the place from which the flap had been lifted. Now, the eyelid, as a locality for epithelioma, is a peculiarly unfortunate and unpromising situation; all the chances are in favor of the disease, necessarily against the patient. It was resident in the common experience to expect a speedy return of trouble in this case. The ulcerative action did not, however, reappear; it has not reappeared to this day; the patient is as free from epithelioma as ever in his life.

A little later I operated on a nephew of this patient for the same disease, situated on the left side of the nose. Several previous operations had been performed by a distinguished surgeon of Philadelphia, but in each instance the return of the trouble was more speedy than the healing of the wound made by the knife. For the restoration of the part removed in this case I used a flap taken from the extreme border of the forehead, the pedicle occupying the position of the supra-orbital artery of the distant side, and including that vessel. The disease did not return, and the gentleman has found himself able to secure, lately, an insurance on his life.

Why the disease in these two cases, *peculiarly operated upon*, did not come back was a matter to attract attention. Was the cause in some catalytic influence brought about by the new relation of tissue? There seemed to be no other explanation. It was the one finally accepted.

From that time to the present I have lost no patient, neither had return of the disease where epithelioma has had a situation permitting of the practice suggested.

The gentleman before us has epithelioma involving his lower lip where that part relates with the cheek. Already has the case been treated after the ordinary manner of operating, and already has the disease returned. It is a peculiar satisfaction to approach a case of this kind with a confidence inspired of success. I have told the patient I will cure him, and I am assured out of my experience that I will.

What I propose to do is,—first, cut away the ulcer from its base; second, replace the part removed by a flap taken from the hypothenar eminence of the left hand. The gentleman, himself as much interested in the operation as I am, proposes to endure the cutting without an anæsthetic: he wants to understand the matter. I refer you to him as an example encouraging to men pursuing knowledge under difficulties.

* * * * *

We are now ready for the operation, and to the features of it I particularly recommend your attention.

First, I remove the portion of face upon which the disease has fixed itself. I do this by means of an elliptic-shaped cut. . . . This is now done, and I show you clearly exposed the depressed anguli oris muscle. The parts, as you see, are extra vascular; this they always are where this vice is present: vascularity is diagnostic. Three vessels are bleeding with a freedom which requires the use of ligatures. We tie them and dry the parts. This done, we wait for the process of glazing.

The courage of the gentleman not being abated by this first step of the operation, we pass to the second. Having the hand firmly held, I repeat the incision by ellipse along the hypothenar eminence. Observe, however, I do not cut the piece entirely away from its attachments, as upon the face. I leave a pedicle: this with a view of temporarily feeding the ellipse. To cut about the hand is excessively painful. Our patient is without feeling, or, what amounts to about the same thing, is possessed of endurance stronger than pain. If, however, he can stand this work, assuredly we can: the courage is not at all in cutting, but in submitting to be cut.

The third step implies the stitching of the

flap from the hand into the place prepared for it upon the face. This is a feat not without difficulty. First, I place over the vault of the head a cap made to fit accurately. Next I attach a double bandage about the wrist of the hand operated upon. I now close with stitches of the interrupted suture the wound of the hand, leaving the flap pendent. Lifting the hand to the head and directing the palm to the side of the face, observe with what nicety I find myself able to adapt part to part. You wondered, perhaps, why I cut so long a pedicle. Had I not done that, I could never, as you must see, have accomplished



the stitching now attempted. . . . The stitching is now finished to my entire satisfaction.

The hand is next to be attached immovably to the side of the face. This with the means prepared is no difficult matter. I pass one roller obliquely over the vault and a second beneath the chin. I now proceed after the manner of a double Barton bandage,—a style of dressing with which you are all familiar.

The hand and wrist firmly fixed, a succeeding step is the support of the elbow and forearm. A simple manner of accomplishing this is to button the patient's vest

over the parts. A second plan—one I shall adopt this morning—is found in the use of the third roller of the Velpeau bandage. This done, nothing remains but to hope for the life of the flap and to separate it from the hand at the proper time,—a period that will vary from forty-eight to seventy-eight hours.

Restlessness and irritability being associates of plastic operations, sedatives are indicated. In the present instance I will wait, however. The strength of resistance possessed by our patient may be proof against irritability. Opiates, where they do no good, always do harm; never use them unnecessarily. If restlessness supervene, I will prescribe thirty-grain doses of bromide of potassium. If the pulse run up, I will conjoin with this five-drop doses of tincture of *veratrum viride*. If fever show itself, I will direct tablespoonful doses of a formula as follows:

R Liquoris potassii citratis, ℥ij;
Spiritus ætheris nitrosi,
℥ss;

Antimonii et potassii tartratis, morphæ acetatis, aa gr. j.

Sulphate of morphia you all know as the great sedative; with it you can quiet to any degree, even down to the stillness of death itself. The dose is from one-eighth to half a grain repeated *pro re nata*. Many surgeons recommend that immediately after all operations

of consequence a one-grain pill of morphia be given. If the medicine be exhibited in a vehicle of judgment, the prescription proves no bad one.

In doing plastic operations, where immediate union is the *summum bonum*, never use chloroform. Chloroform interferes with the process of glazing, and without the glaze the promise is little.

Another matter to look after in operations of the kind just done is maceration. Between the palm of the hand and the face I will lay a piece of old and soft linen. Maceration comes on very rapidly where the weather is warm enough to excite per-

spiration. From lack of such simple care as is expressed in the use of this little strip of cloth many otherwise perfect operations have proved blank failures. Do not overlook the fact that a flap does its utmost in preserving its vitality; never put unnecessary work on it.

A flap doing well is to be let alone. Think not to make a well thing better. Where a diminishing vitality is seen, as shown by a flap growing dark, dry heat and other stimulants are to be employed; not only local but constitutional stimulants.

Preparation of a patient for a plastic operation is a matter not to be left unconsidered. A plethoric man is to be reduced, an anæmic one built up. With the first the lancet, or preferably, as a rule, sulphate of magnesia, is to be used; the latter demands iron, gentian, and similar tonics.

Another very important—indeed, in a sense, all-important—matter associates with plastic surgery; namely, calculation. Never do a new or an untried operation on a living face until you have first done it on a dead one, or, if this last be impracticable, do it upon a paper face. I have seen in my time a surgeon standing utterly confounded in the presence of a large class, a great wound before him, a flap and pedicle too short to fill up, nothing fitting. Make a blunder of that kind once, and you will never get over it; it will be found to have undermined your confidence, and without this quality a surgeon is nothing.

Proposing to show to-day some operations in general surgery on other private patients, I now pass from the present case, directing your studies for the evening to the subject as illustrated in our text-book, pages 952 to 1008. I trust you will find much interest in the review. See if some of you cannot devise better manners of operating than you find there described. I will promise the vote of my chair to that one among you who succeeds in showing me an improvement in facial plastic surgery.

[NOTE.—The flap was separated from the hand forty-eight hours after the operation. Two weeks later the patient was shown to the class, the union and relation of the parts being complete. The wound in the hand was getting well rapidly, part of this latter cure being necessarily by granulative action. The scar upon the face promises to be almost unob-servable after a very short time.]

Case II.—The patient now seated before the class is afflicted with specific caries

of the hard palate and alveolar process. I want you that are near to look into the mouth and observe the cribriform aspect of the mucous covering of the jaw. As you see, there are some half-dozen holes, each exposing bone. The hard palate and processes are pretty well destroyed; certainly they are beyond the power of self-restoration. A very efficient practice to pursue in such cases will now be shown.

The machine before you is the surgical engine,—a machine that will grow wonderful to you in proportion to your acquaintance with it. A little instrument held in my hand is what is known as a stoned rose-head; it is in reality a globe made up of chisel-edges. I attach this globe by means of its bitted mandrel to the hand-piece of the engine. Starting the engine, I revolve the rose-head before you,—now faster—faster still. The instrument is now apparently motionless. Its velocity is two thousand revolutions to the minute. It will cut now without hurting.

The velocity maintained, I now pass the apparently motionless blades into the holes, one after the other. The patient makes no complaint, yet I am cutting the roof of his mouth away. . . . Now he has neither hard palate nor alveolar process, yet the mouth looks about as it did before the operation was commenced. It is not unlikely that these breaks in the soft tissues will granulate and thus preserve perfectly the separability of mouth and nose. The following local wash will be prescribed, to be used several times during the day:

R Acidi carbol. fl., gtt. vi;
Tincturæ calendulæ, ℥v;
Aquæ, ℥viii.—M.

When the patient recovers from the effects of the present operation I will turn him over to the dental department, and he will there have fitted to his mouth an artificial palate with teeth attached, which will be made to articulate for purposes of looks and mastication with those in the lower jaw. I will show him after a few weeks made up about as good as new.

SALICYLIC ACID AS AN ANTHELMINTIC.—Dr. Tlyin has used this acid successfully in a number of cases of tænia. He begins with ℥j of castor oil in the evening. In the course of the following day the patient takes from ʒss to ʒj of salicylic acid, and in the evening another dose of castor oil. Only in a single case was it necessary to repeat the treatment.—*New York Medical Record.*

TRANSLATIONS.

INFLAMMATION OF THE VULVO-VAGINAL GLAND.—In an interesting lecture on this subject, published in *La France Médicale*, No. 58, 1880, M. Martineau refers to Huguier as the foremost authority. Following him, he remarks that the disease is usually observed between the years of seventeen and thirty; it is very rare before puberty and in aged women. In thirty-seven cases coming under M. Martineau's care, thirty-five occurred between the ages of sixteen and twenty-three years. The causes which may bring about this form of inflammation are excessive sexual indulgence, disproportion of the genitalia, menstruation, contagious affections, such as blennorrhagic vulvitis and vaginitis, traumatism of the genital organs, violation, difficult defloration, repeated manœuvres of masturbation, sapphism, and friction of the vulva in working the sewing-machine. Of M. Martineau's thirty-seven cases twelve were due to excessive coitus. Huguier believes that functional super-activity of the organ, such as is produced by sexual excitement, may give rise to inflammation. The facts, however, do not support this hypothesis. In all probability the direct friction or pressure of the virile organ is at fault. With regard to inflammation of the vulvo-vaginal gland due to the use of the sewing-machine, M. Martineau gives a case occurring in a girl of twenty-four, and following ten hours' continuous work on the sewing-machine. A class of cases of considerable etiological importance is that where the inflammation is due to vulvo-vaginal blennorrhagia. Twenty-five of Martineau's thirty-seven cases were due to this cause. The affection usually attacks only one side; only in two cases was it double. Blennorrhagia appears to have a peculiar predilection for the vulvo-vaginal gland. It is well to know this, not only because the affection may easily escape attention and become the source of contagion unless one is on the lookout for it, but also because it is the source of frequent relapses by auto-inoculation. It appears from Martineau's observations that inflammation of the vulvo-vaginal gland is more apt to occur about the menstrual period.

The symptoms of the affection are as follows. At first there is a little heat and itching, with slight humidity of the vulva. If one and the other gland is palpated alter-

nately, one is found more prominent than the other; at the same time palpation gives rise to slight pain, and causes the exit of a little stringy mucus, already clouded with pus. In the course of the next few days all these symptoms become more marked; local examination shows a small, hot, painful tumor between the labium minus and the labium majus. This is about the size and shape of a small pear, obliterates the vulvar orifice, is more prominent backward than forward, and below than above, —corresponding, in fact, to the lower segment of the labium majus, the upper portion of which remains unaffected. The tumor is smooth, shining, violaceous, and resistant to the touch. After several days, fluctuation is shown, and the abscess opens spontaneously through the vulvar mucous membrane in the neighborhood of or through the excretory duct itself. Ordinarily the pus is inodorous, but if blennorrhagia coexists it is fetid and nauseous. As so often happens in purulent collections situated near the digestive tube, a sort of osmosis takes place, and a fecal odor is at times perceived. The disease runs its course in eight or ten days, usually terminating in induration of the gland, but occasionally leaving a fistula which may require surgical interference for its relief. From phlegmon of the labium majus the affection under consideration may be distinguished by the fact that the former protrudes outward, not inward; also that phlegmon is less circumscribed and not so apt to be unilateral. Phlegmon finally may occur in the labia minora, the clitoris, or the mons veneris. From cyst of the excretory canal, which resembles the tumor of vulvo-vaginal inflammation very closely, the diagnosis may be made from the fact that the cystic tumor is smaller, indolent, without inflammatory reaction, its greater diameter is transverse to the excretory canal, and pressure gives rise to the exit of a colorless, slightly viscous, non-purulent fluid.

The treatment is simple. Emollient cataplasms of starch and baths of the same may be employed. Linseed poultices should not be used, because they are often irritant to the mucous membrane. The patient should be kept quiet. It is usually better not to open the abscess with the knife, as fistula is likely to form. If pain is severe, however, the knife may be used, the puncture being made in the nympho-

labial groove near the opening of the excretory canal of the gland. A small piece of charpie should be placed in the wound to prevent too rapid union. If a tendency exists to the formation of fistula, the canal should be touched with nitrate of silver. In certain cases this is not sufficient; the abscess returns repeatedly, and it becomes necessary to excise the gland. To do this, an incision is made in the nympho-labial groove, the lips of the wound are then lifted and the gland carefully dissected out. The arteries should be tied, or otherwise inconvenient hemorrhage may ensue. Charpie, soaked in one per cent. solution of chloral or a still weaker carbolic acid solution, may be used as a dressing.

VARICOSE PHLEBITIS OF THE CALF—THROMBOSIS OF THE LEFT FEMORAL VEIN—PULMONARY EMBOLISM OBSTRUCTING THE RIGHT PULMONARY ARTERY.—Dr. Gautier reports (*Le Progrès Médical*, 1880, p. 593) the case of a patient admitted to the hospital for chronic alcoholism, who was seized with severe pain in the left calf, accompanied by slight swelling and œdema of the limb, and lasting a week. At the end of that time the patient returned to his work, but suffered lancinating pain in the limb after severe exertion, and, this increasing, a fortnight later he was again obliged to return to the hospital. On examination the leg was found slightly swollen and painful to the touch. No varicose veins could be observed, nor could any hard cord be felt in the line of the saphenous or of the femoral vein, which were not painful on palpation. No other abnormal symptoms throughout the body. Diagnosis, inflamed deep varices. Treatment, rest in bed, inunction with chloroform and oil of hyoscyamus, with envelopment in cotton. In the days following the right calf became the seat of similar symptoms, while the left grew better. At the end of a week the patient, contrary to orders, rose from his bed to go to the water-closet. While on his way he was suddenly seized with giddiness, fear of imminent death, and cyanosis, followed a little later, after going to bed, by extreme pallor, with a profuse cold sweat, and some vomiting of watery fluid. Next morning, examination failed to show anything wrong with lungs or heart. A few nights later the patient was waked by severe dyspnoea, with cyanosis, followed, as before, by pallor. No physical symptoms in lungs or

heart. This dyspnoea became more constant in the succeeding week; a slight enfeeblement of the first sound of the heart became noticeable; respiration rose to seventy-two. Bleeding and blistering were employed without relief, and the patient finally succumbed.

The post-mortem examination showed the right auricle of the heart greatly distended, filled with currant-jelly clots like those in the left heart. The auricle was filled with clots already somewhat old. On opening the pulmonary artery large clots were observed at its bifurcation, extending into the smaller branches. No disease of the artery could be observed at the point of origin of the clot. On examining the veins of the lower extremities the intra-muscular veins of the two calves were found filled with hard clots adhering to their walls and completely filling the calibre of the vessels. On the right side the saphenæ, the popliteal, the femoral, and the iliac veins were free. On the left side the saphenæ were free, but the other veins were filled by an old, hard, adherent clot, with empty spaces here and there, due to retraction. The coagulum terminated at the point where the iliac vein enters the vena cava inferior by a thin, snake-like, flattened head, which left the right primitive iliac vein quite free. The clot was soft and friable.

TÆNIA FOUND LIVING AT AN AUTOPSY.

—At a recent meeting of the Société Médicale des Hôpitaux (*La France Méd.*, 1880, p. 445), M. Laboulbène related the case of a patient who entered the hospital under his care for tænia and who died suddenly. The patient succumbed in a quarter of an hour, vomiting a small quantity of red blood, and was believed to have died from the rupture of an aneurism of the pulmonary artery. At the autopsy the tænia was found knotted together and extending along some nineteen inches of the small intestine. The head was found in the middle of the coil, but directed towards the superior extremity. A number of living lumbricoids were also found. The tænia when stretched out measured thirteen feet four inches. In the discussion which followed, M. Davaine cited some old observations on tænia solium found by accident in cadavera. The head was always directed towards the gastric extremity of the intestine, and the tail towards the anus. M. Damaschino

gave a case where a bothriocephalus twenty-eight inches in length and curved thrice upon itself was found in the small intestine. The head was directed towards the pylorus, the other extremity towards the ileo-cæcal valve. The dead animal was glued to the mucous membrane by a tough mucus. M. Dujardin-Beaumetz asked M. Laboulbène if he believed in the digestion of tænia. In a patient of Dr. Fernet's, the subject of tænia, pelletierine was given, but the patient did not pass anything. At the autopsy made a little later, nothing was found. He had seen several similar cases in which the patients had taken pelletierine but had passed nothing. Notwithstanding this, they had appeared to be cured. M. Laboulbène said he had recently seen two cases where pelletierine had been given and nothing passed in the stools, but the worm had been passed by the mouth. M. Fernet, however, remarked that the first stools passed by the patient mentioned by M. Beaumetz had been lost, therefore that case proved nothing.

OFFICIAL MULTIPLE ANTIDOTE.—M. Jeannet, in a memoir read before the Société de la Médecine Légale (*La France Médicale*, 1880, p. 539), proposes the following formula:

R Solution of ferric sulphate ($D = 1, 45$),
100 parts;
Water, 800 parts;
Calcined magnesia, 80 parts;
Purified animal charcoal, 40 parts.

The various ingredients are to be preserved in two portions until required. One of these contains the solution of ferric sulphate, the other the magnesia and animal charcoal in a flask with the water. At the required moment the ferric solution is poured into this flask and strongly agitated. The mixture should be administered in rapidly successive doses of three to six ounces. Employed in convenient quantities, it renders the preparations of arsenic, zinc, and digitalin insoluble. It does not render oxide of copper completely insoluble. It leaves appreciable quantities of morphia and of strychnia in solution. It does not decompose, and does not precipitate cyanide of mercury or tartar emetic; it saturates free iodine completely; it acts only in part upon solutions of the alkaline hypochlorites. This formula is preferable to officinal hydrated peroxide of iron, because the latter after a

time undergoes a molecular modification which renders it useless against arsenical compounds. While this antidote is very useful in many forms of poisoning, it is powerless against the mineral alkalies, phosphorus, the hypochlorites, the cyanides, and tartar emetic.

EXPERIMENTAL URÆMIA.—MM. Feltz and Ritter have recently published in the *Revue Médicale de l'Est* (June 15) a paper upon experimental uræmia, of which the conclusions are as follows:

1. The sudden suppression of the urinary function by ligation of the renal vessels gives rise to a rapid poisoning of the organism, commencing with gastro-intestinal troubles and terminating in serious disorders of the nervous system.

2. The maximum duration of life in animals who have been submitted to this operation is three days.

3. Under these conditions the urea and extractive matters increase in the blood almost proportionately to the duration of life; these substances appear in all the liquids of secretion, which indicates on the part of the organism an effort of elimination going to supply the renal function.

4. Injections of pure urea in large doses into the blood of animals in whom the renal vessels have already been tied causes the accumulation of extractive matters and of urea to a much greater extent than simple ligation, without appearing to hasten the nervous symptoms and death.

5. By substituting, under the same circumstances, for injections of large doses of urea injections of fresh urine, well filtered and acid, not ammoniacal, in quantity equivalent to that secreted by the animal in twenty-four hours, nervous accidents show themselves more rapidly and death is hastened, which seems to indicate that the urine as a whole has a more energetic toxic action than urea and extractive matters.

ACTION OF PILOCARPIN ON UTERINE CONTRACTILITY.—From a thesis on the abortifacient qualities of pilocarpin, by Dr. Marti Autet, analyzed in the *Bulletin Général de Thérap.* (1880, vol. ii., p. 142), we take the following conclusions:

From the examination of cases observed in women during pregnancy and labor, and from experimental researches on animals in gestation, it appears (1) that in a certain number of cases subcutaneous injections of pilocarpin have had an abso-

lutely negative result: they have not determined the occurrence of uterine contractions (Welponer, Parisi, Hyernaux, Saenger). 2. A certain number of experiments on animals have had the same result (Hyernaux, Chantreuil). 3. However, when the uterus is found in certain conditions, subcutaneous injections of pilocarpin appear to exercise some influence: such a condition is that of labor already begun or about to begin. 4. In these particular conditions the uterine contractions occur generally some minutes after the subcutaneous injection of pilocarpin; they increase for a time, then remain stationary, and finally diminish. New injections secure the same effects (Kleinwachter, Saenger). 5. In certain cases the contractions observed after the injections have determined the accouchement (Massmann, Schanta, Kleinwachter, Saenger). 6. Sometimes their action is insufficient to bring about the expulsion of the product of conception. 7. From this it appears legitimate to conclude that if at full term or at the beginning of accouchement pilocarpin appears to have a true influence on the contractility of the uterus, on the other hand the subcutaneous injections of this medicine are almost constantly inefficacious for the purpose of provoking premature accouchement.

BLOODLESS OPERATIONS ON THE FEMALE BREAST.—H. Leisrink (*Cbl. f. Chir.*, No. 30, 1880), in a case where tumors of the mamma, accompanied by continuous hemorrhage, threatened the life of the patient, made use of a compression apparatus somewhat like that used in the operation for phimosis. Two parallel steel rods were arranged, by means of transverse extensions at either end of one running through holes in the ends of the other, and moved by the aid of nuts running on a thread cut in the transverse bars, so as to be approached with considerable force. They were then attached to the root of the mamma, which was pendulous, and, the nuts being turned, such compression was obtained that the vascular supply to the breast was entirely cut off and amputation performed without the loss of a drop of blood. Of course, in the case of plump, round breasts this apparatus could not be employed; but, inasmuch as tumors of the breast commonly occur at an age when the adipose tissue of the organ has to a considerable extent disappeared, it may be

hoped that this apparatus shall find extensive employment among surgeons.

LOW BODY-TEMPERATURE.—W. Koslirew (*Cbl. f. Chir.*, 1880, p. 494) gives the case of a Cossack who fell from a height, wounding the parietal tissues of the head. He was unconscious for three days, and survived only five days. During this time his pulse was 44 in the minute, and his temperature ranged in the morning from 27.2° to 28.5° C. (80.9° to 83° F.), and in the evening from 26.5° to 29° C. (79.7° to 84.2° F.). On post-mortem examination no fracture of the skull was found, but the vessels of the brain were found much congested, and the substance of the organ filled with small points of hemorrhage.

SALICYLATE OF SODIUM IN CHOREA.—M. Dresch employed salicylate of sodium with marked success in the case of a child, 10 years of age, affected with chorea of rheumatic origin. He commenced giving six grammes of the salt in the twenty-four hours in divided doses. The first day the medicine occasioned vomiting after each dose, and sleeplessness. The second day it was borne better, and all the symptoms improved. After having taken thirty-four grammes of the salt, the choreic movements were almost entirely suspended; the medicine was stopped, and in eight days after the commencement of treatment the child had quite recovered.—*Bull. de Thérap.*

TREATMENT OF OXYURIS VERMICULARIS.—Simon (*Le Progrès Médical*, 1880, p. 578) recommends from time to time a biscuit containing .10 decigr. santolin, followed immediately by a powder of .50 decigr. calomel. Every evening an enema is to be given, composed of an infusion of aromatic plants, as absinthe, pyrethrum, or fennel, or of water containing two drachms of carbolic acid to eight ounces.

Of equal advantage is the following ointment, with which the mucous membrane of the rectum may be smeared:

R Ung. hydrarg., 10 grammes;
Camphoræ, 2 "
Axungiae, 30 "
M.

THE ground has been purchased for the new buildings of the Harvard Medical School, and it is hoped that the buildings will be finished in 1882.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 25, 1880.

EDITORIAL.

MEDICAL REGISTRATION.

THE history of the bogus-diploma business of Philadelphia will be taken by many as strong evidence of a complete lack of public spirit in the profession of this city. We, however, think that action was prevented not so much by indifference as by the feeling that it was hopeless to contend with the politicians who congregate in Harrisburg, and some of whom have, in the past, apparently assisted in or winked at the nefarious practices of Dr. Buchanan and his associates.

The times have, however, changed, and the current of public opinion is setting so strongly in the direction of protecting the community from unqualified doctors that no political interest can save those who have traded so falsely. Dr. Buchanan's dodge of suicide has failed. In vain did he, or some one personating him, leap into the Delaware: with forfeited bail he now languishes in prison. If there still be, as we hope, among the profession of this city a live public spirit, the opportunity is now afforded for it to show itself and take advantage of the general stir. A well-concerted effort to obtain a medical registration law from our next Legislature would almost certainly succeed. We ourselves would like to see legislation go further than this. If our civilization continue, the day will assuredly come when those who would enter upon the practice of medicine will be compelled to pass a public State examination; but for this the times are not yet ripe. There are yet too much honest difference of opinion and too many conflicting interests in the profession for it to unite in the effort to

obtain legislation looking to such end. It is different with medical registration. We do not think that any one of influence will claim that an attempt at registration can do injury; though many may believe that it will be futile. The good to be obtained from a strictly-enforced registration is patent. The credentials, as it were, of every man would be public to all citizens, and the not-a-few who possess no credentials would be driven out of the commonwealth.

Such a law could be based upon the one adopted last winter by the Albany Legislature. This requires every physician and surgeon to register in the county clerk's office his name, residence, and place of birth, "together with his authority for so practising physic and surgery." He must make affidavit that he has been authorized by diploma or license to practise, and must specify when and by whom such diploma or license was granted. For this registration a fee of twenty-five cents is to be paid to the county clerk. Every person who enters upon medical practice hereafter in New York is required to register before beginning practice. A heavy fine, which is increased and coupled with imprisonment in case of a second offence, is imposed upon any one not complying with the provisions of the act before October 1, 1880. As half of the fine is to go to the person making the complaint, the law is not likely to become a dead letter for lack of some one to move for its enforcement. Heavy penalties are also prescribed against any doctor who shall make a false registration or shall practise "under cover of a diploma illegally obtained."

The provision of the law in regard to doctors going to New York from other States seems to us unwise, unjust, and probably unconstitutional. It requires the class of persons alluded to to submit their diplomas and credentials to some medical school of the State, the institution having the power to declare whether

registration shall or shall not be allowed, and to exact a fee of twenty dollars. Such a provision should certainly be omitted from any future law in our own State.

There is no body, except the State Medical Society, to which it would be more becoming to inaugurate a movement looking towards the obtaining of a registration law than the Philadelphia County Medical Society. Is there not public spirit in it sufficient for the purpose? Let us make the experiment. With a registration law working well in New York and Pennsylvania, it would not be long before the smaller States would follow.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE.

THE scope of this magnificent work has been so frequently discussed in these columns that no words concerning it are required in announcing the appearance of the first volume. Most heartily we congratulate Dr. Billings upon the completion of the first of his ten labors,—labors which when finished will make him *facile princeps* of medical bibliographers. We congratulate also the American medical profession, to whose persistency a niggardly Congress so reluctantly yielded, and we congratulate medical workers the world over that so much has been done to lighten their search after the known.

The typographical appearance of the book is very good, and the freedom from proof-errors remarkable. Its nearly two thousand columns contain nine thousand and ninety author-titles, nine thousand subject-titles of separate books and pamphlets, and thirty-four thousand six hundred and four titles of articles in periodicals. Multiply this by ten, and then think how much an American youth in many of our medical colleges is expected to acquire in eighteen months!

LEADING ARTICLES.

WESTERN MEDICINE IN JAPAN.

THE past thirty years have witnessed great changes in Japan. In but few of the departments of learning and practice have there been so great changes as in that of medicine. From the little scraps of medical lore escaping the meshes of the cordon about the Dutch traders at Decima, from the schools and hospitals at a later date established at Nagasaki and Osaka, from the knowledge inculcated by the Dutch, English, and American physicians employed at the various large hospitals in the empire, as well as from the "I-Gakko" under German auspices at Tokio, have entered into "Dai Nippon" the idea of Western medicine, its accepted facts, its theories, and its methods of practice. The want of exact knowledge in the system imported from China, together with its crude theories of centuries' growth and its cumbrous system of practice, is becoming more and more apparent to this progressive people of the Orient. Western medicine is slowly and steadily making inroads among the rank and file of the Chinese school. In June, 1876, the number of medical practitioners in the returns of two cities and forty-three prefectures was estimated at 23,284, about twenty-one per cent. of whom were practising medicine according to the Western system, and all of the remainder either according to the mixed systems of China and the West, to that of China and Japan, or to the pure Japanese one.

Knowing that it would be impossible to make the change to the new methods at once and thus to secure uniformity, the government adopted a politic course. It strongly recommended to the young medical students to pursue only the most approved course of study, and to those now in practice to continue as in the past, or to make such changes as the exigencies or advantages of their practice might afford. In 1876 the late home minister, Okubo, issued a notification "that the examination of candidates for a certificate to practise medicine in accordance with the following regulations shall be introduced into every prefecture as soon as the condition of medical men in each prefecture shall admit:

"REGULATIONS FOR THE EXAMINATION OF CANDIDATES."

"Article 1.—Any one desirous to become a medical practitioner shall be required to apply for a certificate, which shall be given only after the prescribed examination has been passed satisfactorily.

"Note.—Any one who has been at the time of the issue of these regulations practising medicine shall not be obliged to subject himself to an examination. The local authorities shall therefore take the proper measures to distinguish such medical practitioners from those who have been licensed after a satisfactory examination. . . . The subjects for examination for candidates are the general principles of natural philosophy, of anatomy, of physiology, of pathology, of pharmacology, and the theory and practice of medicine and surgery. . . .

"Article 3.—The examination shall be held at a convenient place, such as the local government office or public hospital; and the results shall be reported to the Home Department, which shall grant the certificates." . . .

In June, 1877 (the date of the last published report), there was in Japan a population of 32,812,116, of whom 31,268 were medical practitioners (this enumeration includes all of the prefectures except Kagoshima), giving a proportion of 0.91 to the thousand of population. Of this army of "doctors," 20,568 were followers of the Chinese system; 4098 mixed and non-classified; 6402 the Western system; and 200 licensed after the prefectural examination. Though no official reports are at hand, yet the testimony of the native physicians I have met in Hokkaido and at the line of hospitals in North Nippon is to the effect that Western medicine has made greater progress during the past three years than at any previous period; that the number of the Chinese school of doctors is decreasing; that the people are slowly being educated up to the advantages and benefits of the new treatment, though a very large number still adhere to the old methods; that local hospitals and dispensaries are springing up in all parts of the interior, and that the Western ideas of hygiene and sanitation are receiving increasing attention from all the local authorities.

Each month some new translation of lecture-notes, medical essay, monograph, or practical manual appears from the Japan-

ese press. They have an extended circulation. They are issued in a cheap and tasteful form. They have eager readers, not only among the partially-educated medical class, but even among the followers of the ancient methods. There are now six medical periodicals issued in Japanese. They are largely made up of translations from the American and European medical press, for as yet little original work has been done here. The two having the ablest editors and the largest circulation are the "*I-ji-Chimbun*" (weekly) and the "*I-ji-Shinshi*" (monthly), issued at Tokio. The following are a few of the topics treated in a recent issue of the "*I-ji-Shinshi*": mercurial baths; injurious effects of wine on the general health; causes of intermittent fever; a case of difficult parturition; uses of jaborandi; government physicians *vs.* private practice, etc., etc.; reports from the medical college; hospital reports; items.

Hospitals.—Before the coming of the Western war-vessels to Japan there were no hospitals here. If a patient desired more than ordinary attention from his physician, he entered the home of the Chinese doctor and became one of the family. The nobles and the higher officials had their household doctor. Little or no provision was made for the sick poor. In old Japan humanity was abundant and life was held cheap. The first hospital in Japan was established by the Shogunate in 1861 at Nagasaki, and placed in the charge of Matsumoto, then a student of Dutch medicine, but who has since become inspector-general of the army medical department. The hospitals were and are even now in some degree institutions in which only the paying classes can obtain attention and treatment. Since the Restoration of 1868, hospitals have been established by the Mikado's government in various cities and prefectures of the empire. The staff in these institutions include the best educated (in modern medicine) and most experienced physicians of their several sections. To these institutions come the sick of the higher classes, the official class, the paying classes, and the cases with which the ordinary practitioners cannot cope. At all the hospitals are a large number of young men pursuing their studies, and who also act as drug-clerks, dressers, and clinical clerks until they are able to secure a proper certificate. Connected with the in-depart-

ment is an extended out-patient department, where all are examined and prescribed for, but each one pays a small fee for the medicines; also a vaccination department and one for the periodic inspection of the public women. (The "social evil" is not only admitted and recognized here, but it is regulated in a very efficient manner. Many features of the system here pursued are worthy of the attention of the West.) In 1877 there were 64 public, 7 general government, 35 private, and 5 lock hospitals. Since then there have been established new hospitals in several of the inland ken, two large ones at Tokio, and one each at Kanagawa, Awomori, Sendai, and Fukushima, to my personal knowledge.

The form, method of construction, and kind of equipment vary in different parts of the empire. In Yezo, where the winters are long and oftentimes of severity, the pavilion form is adopted, each of one or two stories, the walls of which are made in the Western method of wood and provided with double windows. The pavilions are connected with each other and the administration building by open corridors, which can be closed in with the movable Japanese *shoji* or *to*. This form is also to be commended, as in case of fire, which is of great frequency, each pavilion can be soon isolated. The *to* are made of thin pine boards on a firm frame. The *shoji* are made of white translucent fibrous paper stretched over a light wood lattice. The wards are provided with rude bedsteads, having a matting of straw, *futons* (thick cotton-padded quilts), and blankets. No sheets or pillow-cases are provided. At Awomori, on the north coast of the mainland, the buildings of the new hospital are of two stories and grouped about a hollow square. Farther to the south the Japanese form of building has been adopted, except at the military hospital at Sendai. This form uses light floors, light posts, and a heavy, somewhat projecting roof. They are usually of two stories, forming a hollow square about a little garden having dwarfed trees, fish-pond, stone lanterns, etc. On all sides are narrow verandas, having on the outside movable *to*, and on the inner, adjacent to the rooms, *shoji*. All rooms can be entered from the veranda. Each room is about nine feet by twelve, separated from the adjacent rooms by paper *to* sliding in grooves, all of which can be easily re-

moved. The floors are covered with *tatami* (thick, straw-padded mats), upon which are placed the *futons* and blankets, no Western furniture being used. When you enter, your shoes are left on the veranda. In summer all of the outer *shoji* and *to* can be removed, thus affording free ventilation and a grateful circulation of air. In winter the former kind of hospitals are heated by airtight wood-stoves and the latter by charcoal in open boxes. In all, during cold weather, the air continues vitiated, except when the doors are open. In none of the hospitals, except the new one at Kaja Yashiki, have I seen attempts put forth to secure warmth and pure air at the same time. At Tokio and Yokohama both styles of building are now in use, as well as the Japanese and Western room equipment. Not having been south of Tokio, I cannot give facts concerning their hospitals.

On the mainland I was most pleased with the pure Japanese building. I think it better adapted to the climate of the country and the habits of the people than the Western hospital. The use of the *juton* is not to be commended, as they soon become soiled and contaminated, and they are rarely cleansed. The non-use of sheets and pillow-cases, and the infrequent changes of personal linen, are to be deplored. Blankets are slowly supplanting the over-juton. The hospital diet-list is limited. It usually consists of rice, *daikon* (pickled radish), fish, and tea, to which are added, when procurable, eggs, fowl, and flesh. The people are slowly learning the value of milk, and are acquiring a taste for it. The hospitals use more and more each year. When fresh milk cannot be obtained, the American condensed milk is substituted. The drugs most in use are iodide of potassium, morphia, quinia, iron, and sweet spirit of nitre; though the native physicians are much given to the use of the novelties in the drug line.

Upwards of fifty per cent. of the female patients are prostitutes, who, since the notification of April, 1876, requiring each prefecture to adopt "efficient measures for the periodical inspection of registered public women, and for the isolation and cure of those who are affected by venereal disease," are sent to the hospitals and cared for at the expense of the master of their brothel, who also pays for their periodic inspection. Of the male patients,

a very large percentage are in for venereal and its sequelæ. Next to venereal, the most common diseases are *kakke* (a disease of marked debility, dropsy of the limbs accompanied by variable nervous symptoms), consumption, general debility, and cutaneous and ophthalmic maladies. As yet but little operative surgery, except for acute cases, has been attempted by the native physicians. Owing to their lack of accurate anatomical knowledge and the absence of material to practise upon, they avoid active interference. The out-patient departments have a run of maladies similar to those in the American cities, except that here there is a marked increase of venereal, of ophthalmic, and of contagious cutaneous maladies.

In 1875 the Home Department created a new office, called "Yei-sei-kioku," or Central Sanitary Bureau. The aim of this bureau is to aid in the change from the old to the new and better system of medical instruction; to forward the improvement of physicians and apothecaries; to draw the attention of local sanitary officers and the public in general to the great importance of the observance of sanitary regulations; to collect, analyze, and publish facts concerning the cause of morality; to take measures for the inspection of drugs, chemicals, and patent medicines; to prevent the entrance or extension of epidemic maladies, etc. It is to be hoped that the main objects of this bureau will soon be attained, for a more thorough education of the physicians and apothecaries, a definite knowledge of the importance of pure air, of wholesome water, of efficient sewerage, of personal and household cleanliness among the people, and an enforcement of the official notifications now issued, are subjects of the deepest moment to the future well-being of this nation in the "Land of the Rising Sun."

J. CUTTER, M.D. Harv.,
Consulting Physician to Kaitaku-Shi, Japan.

AMPUTATION OF THE CERVIX UTERI.—A discussion took place recently in the Société de Chirurgie, Paris, concerning the best instrument for this operation. Most of those who took part in it favored the galvano-cautery, on the ground that the thermo-cautery produced too much heat and smoke, while the knife was dangerous on account of the hemorrhage it caused.—*Jour. de Méd. de Bordeaux*; *New York Medical Record*.

REVIEWS AND BOOK NOTICES.

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. By J. WICKHAM LEGG. New York, D. Appleton & Co., 1880.

The first thing that will attract the attention of the average American reader of this book is the dedication to Prince Leopold by his "ROYAL HIGHNESS's most dutiful, most devoted, and most humble servant." Surely, he who prostrates himself before Juggernaut cannot blame any one if Juggernaut goes over him. Dr. Fothergill can take comfort from this page of dedication as a public testimonial to the truth of all he has written in regard to the social position assumed by many of the profession in England. As becomes an offering to royalty, the book is sumptuously printed, with large, open, very handsome type, on tinted paper, and adorned with excellent chromo-lithographs. The margins are wide, the style that of pure English, and the material very good. Altogether, Prince Leopold will not demean himself if he most graciously accepts from the humble and trembling hands of his servant this product of many years' labor.

It would perhaps have been wiser to have omitted from the American edition the dedication; but, after all, no one will be deterred thereby from perceiving the great merit of the book itself. It seems to us an exhaustive epitome of all that is known upon the subject. There is not much of the author's own researches in it, but there is enough to show that both in the laboratory and in the clinic-room he has done work enough to enable him fully to grasp the methods and results of other men.

Professor Stricker once said to us in his parlor in Vienna, "You Americans seem to know what other people do better than any one else, even if you never do any work yourselves."

Certainly, in regard to his general acquaintance with the world's literature upon his subject, Dr. Legg deserves to rank with the best of us.

THE BRAIN AS AN ORGAN OF MIND. By H. CHARLTON BASTIAN, M.A., M.D. New York, D. Appleton & Co., 1880.

The present volume of nearly seven hundred pages is composed of thirty chapters, and an appendix in which is considered the muscular sense. The first three chapters are devoted to a general discussion of the uses and nature of a nervous system and of sense-organs; then the nervous systems of Mollusks, Vermes, Arthropods, and a discussion of the data obtained, occupy four chapters; in four chapters are described the development and structure of the brains of Vertebrates, and in as many the development and structure of the human brain. The remainder of the book considers "The Scope of Mind, Reflex Ac-

tion, and Unconscious Cognition;" sensation, ideation, and perception; consciousness in lower animals; instinct, nascent reason, emotion, imagination, and volition; mental capacities of higher brutes; from brute to human intelligence; the functional relations of the principal parts of the brain; phrenology, old and new; will and voluntary movements; cerebral mental substrata; speaking, reading, and writing; cerebral relations of speech and thought; further problems in regard to cerebral localization.

Such is the general scope of the task which Dr. Bastian has set himself, and which he has performed with ability. There is too much anatomy to make the work easy reading, but the reader can do as we have done—skip or skim over much of this comparative anatomy—without any detriment to his understanding of the human brain and its workings.

Dr. Bastian has evidently studied with care the metaphysical as well as the physiological aspect of psychology, and thinks clearly and well. There are, of course, some of his views with which many will not agree; for probably no two men of any originality and knowledge of the subject agree on all points at present in their psychological beliefs.

The theory of cerebral localization which he adopts, and of which we believe that he is in a large measure the author, is certainly ingenious, and commends itself to us as possibly true in whole or in part: we say in part, because there is no *a priori* reason why some organs of the brain should not be arranged according to it, and others according to the plan more usually believed in. Dr. Bastian believes that certain functions are performed by certain cortical ganglion cells, which are not, however, aggregated in a narrow territory, but are more or less diffused through the cortex, being so bound together by commissural processes as to act together; the pathological results obtained by the clinician and experimenter he explains by supposing that the nerve-fibres running from the lower centres to these scattered cells are closely aggregated until they reach the cortex, where they radiate to their respective destinations. Under these circumstances it is plain that a clot or wound at the point of aggregation of the fibres would interrupt the function of all the ganglion cells concerned, however widely they might be separated. The new theory, though ingenious, hardly removes any of the more serious objections to cerebral localization as previously taught, and, although plausible, will probably not be generally adopted until some more cogent evidence of its truth is brought forward.

VEGETABLE PEPTONE.—125 parts of pea flour, $\frac{1}{2}$ part of salicylic acid, and $\frac{1}{2}$ part of pepsin are digested with 1 quart of water and evaporated to about $1\frac{1}{2}$ pints; add salts and spices.

GLEANINGS FROM EXCHANGES.

NEW METHOD OF ARRESTING GONORRHEA.—Dr. W. Watson Cheyne, in a communication to the *British Medical Journal* (vol. ii., 1880, p. 124), expresses the opinion that the extreme contagiousness of gonorrhoea, the existence of a distinct period of incubation, and the steady spread of the inflammation from a given spot, all point strongly to a parasitic origin. Acting on this idea, Dr. Cheyne made a number of cultivation experiments, in which he produced large numbers of organisms in the pus of gonorrhoea. In addition, he believes that the mucous membrane itself in the neighborhood, as well as the pus of the inflamed parts, is the seat of organisms. In the case of gonorrhoea, then, he supposes that at the time of infection a small number of the specific organisms, which in all probability possess a considerable resisting power to the destroying action of the healthy living tissues, are retained in the urethra; that these go on developing; that the products of their growth irritate and weaken the mucous membrane in their vicinity; that the organisms can then penetrate into and live in that weakened tissue; and that the extension of this process over a portion of the mucous membrane of the urethra is the cause of the inflammatory symptoms. Granting the correctness of this theory, what is wanted is a medicinal application which shall destroy the organisms without irritating the inflamed and highly sensitive mucous membrane. Iodoform and oil of eucalyptus appeared to Dr. Cheyne to possess the proper qualities; and he has accordingly experimented with these drugs, mixed with cacao butter, made up into bougies of various lengths. These bougies possess among other advantages over injections this,—that, having the diameter of a No. 9 or No. 10 catheter, they expand and smooth out the swollen mucous membrane. Dr. Cheyne has found a combination of the two drugs better than either alone. He employs the following formula: iodoform, five grains; oil of eucalyptus, ten minims, in a bougie of forty grains. The specific element of the disease having been eliminated by this means, antiseptic injections are employed in addition, for the purpose of preventing the discharge from becoming septic and irritating. A saturated solution of boracic acid in water, or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. The usual precaution of rest, diluent drinks, etc., must be employed. In using the bougies, the patient is first told to empty his bladder, partly to clear out his urethra, partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie

from four to six inches long is introduced, and the orifice of the urethra is closed by strapping. The bougie ought to be dipped in eucalyptus oil or in carbolic oil (1-20) before insertion. The patient is instructed to refrain from passing water, if possible, for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. Dr. Cheyne has employed this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhœa. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact, the case becomes no longer one of virulent gonorrhœa, but one of simple urethritis, rapidly progressing towards recovery if properly treated.

THERAPEUTIC USES OF HYOSCYAMIN.—At a recent meeting of the Cambridge Medical Society (*British Medical Journal*, vol. ii., 1880, p. 17) Dr. Bacon gave an account of the preparation known as "hyoscyamin" and of its therapeutic uses. There are two preparations sold under that name, both made in Germany. One is Merck's "extract of hyoscyamin," and the other is a crystallized preparation in the form of a whitish powder and of variable strength. Dr. Bacon's experience has been limited to Merck's extract. It is most conveniently administered dissolved in alcohol, one grain to the drachm. The solution mixes badly with water, a resin forming on the side of the bottle. The preparation deteriorates by keeping; if it becomes greenish in color, this is a sign that its strength is lessened and that its action cannot be relied on. It is called by the manufacturer the "extractive amorphous alkaloid" of hyoscyamus, and is very costly. With this preparation Dr. Bacon has found the effects much more potent and more certain and reliable than those of ordinary henbane. Its action is that of a powerful sedative and hypnotic, and it is the only sedative and hypnotic, in his opinion, whose action may be certainly relied on. Doses as large as two or three grains (of Merck's extract) have been administered. Dr. Bacon himself has never given more than a grain and a quarter, and his usual preparation is three-quarters or half a grain. If three-quarters are given to a maniacal patient in a state of excitement, he will be reduced in half an hour to absolute helplessness, and probably

will be asleep or comatose. The lips become red, the face dusky, and the saliva flows from the mouth. The pulse is quickened, and there is dilatation of the pupil lasting for twenty-four hours; the other symptoms pass off in about twelve hours. Vomiting occurred in two or three of Dr. Bacon's cases. The drug is especially valuable in treating the maniacal condition (acute or chronic). It has been used in delirium tremens, and its power of inducing quietude and sleep to a certainty indicates its value in that condition. In some cases the beneficial results flowing indirectly from its use have been so great that Dr. Bacon has, after a while, been able to dispense with the use of the drug. Two cases have occurred in his practice which will serve to show when caution is necessary. In the one case (a private patient) only one-half the prescribed dose was given, and the patient, instead of being sent to sleep, was put into a state of excitement and delirium. In the other an accident, fortunately not fatal, followed the administration of the drug. The patient became profoundly insensible and vomited, and part of the vomit (consisting mostly of partly-digested bread) appeared to have got into the air-passages, giving rise to corresponding symptoms.

In the discussion which followed the reading of Dr. Bacon's paper, Dr. Latham said he could not join in Dr. Bacon's opinion that henbane in its usual pharmacopœial form is quite unreliable. The potency of the leaves, no doubt, depends on the time of gathering them and on the care with which they are dried. The President (Dr. G. E. Paget) referred to the experience of a neighboring practitioner, who had the henbane grown near him, and the extract made by a trustworthy person, and who had always found the drug thus obtained to be potent and reliable in its action. He had the other day prescribed henbane in a bad case of epilepsy, which no other drug had benefited, and the result was that the patient had been altogether free from fits for three weeks, and when they came back they were less frequent than before.

PREVENTION OF SECONDARY HEMORRHAGE.

—Dr. Parona, of Bologna, considers that the essential condition for the success of ligature or torsion of a blood-vessel is the formation of a clot, and this he proposes to effect more rapidly and certainly by the injection of a few drops of hydrate of chloral into the lumen of the artery. The usual ligature may be placed on the vessel, or two ligatures may be used and the chloral injected into the portion of the artery enclosed between them. He tried a variety of substances, but found chloral superior to all others as a coagulating agent, the resulting clot fitting much more closely the calibre of the vessel, and not shrinking as does that yielded by perchloride of iron. He performed numerous experiments on dogs before venturing to practise his method on the

human subject: he has lately, however, tried it in two cases with excellent results. Besides acting as a hæmostatic, the chloral acts as a sedative, and thereby exerts a favorable influence from the first on the progress of the case.—*London Medical Record*, April 15, 1880; *New York Medical Record*.

FURUNCLES OF THE MEATUS AUDITORIUS.—Dr. Weber-Liel fills the meatus with alcohol containing a minute quantity of corrosive sublimate, repeating the procedure every hour or so. The alcohol abstracts water from the tissues and dulls sensibility, and hence relieves the pain speedily. If used early enough it sometimes cuts short the process, but at any rate it prevents the development of further furuncles. During the last two years Dr. Weber-Liel has used in addition injections of carbolic acid, employing a five-per-cent. solution of the pure article and injecting with an ordinary hypodermic syringe two to four drops in the point of the swelling. If pus has not already been formed, its formation is prevented. Three hours later he begins with instillations of alcohol, and if this does not suffice he repeats the injection of the carbolic acid. A stronger solution or a larger quantity of the injection produces an intense burning, lasting one to two hours; but it is sure to abort the process.—*Deutsche Med. Wochenschrift*, 1880, No. 15.

CASE OF QUASSIA-POISONING.—Mr. D. T. Reckitt (*Lancet*, vol. ii., 1880, p. 260) reports the case of a child four years of age, brought to the hospital under his charge, to whom by mistake six ounces of a strong instead of a simple infusion of quassia were administered by enema for ascariides. With the exception of a tablespoonful, all was retained, and the child was taken from the hospital. Its mother, however, returned an hour and a half later, stating that the child was only just alive. She also said that in taking it from the hospital it reeled very much, as if tipsy, and she was obliged to carry it. Mr. Reckitt visited it at once, and found it in an alarming condition, ghastly pale, the lips bloodless, the head thrown back, the surface cold, eyes closed and pupils contracted, with no action to light, respiration inaudible, and the pulse not to be felt. It was quite unconscious.

The feet were placed in very hot water, which immediately roused the child with a violent scream. Some strong brandy and water was given, and swallowed with difficulty, but the pulse returned. The child was kept roused by having the feet placed occasionally in hot water and mustard cataplasms applied to both calves. There seemed to be a strong desire to sleep, when the pulse became much slower and more feeble: so the feet were again put into hot water, and small but strong doses of brandy were given internally. After an hour and a half the child vomited once, and then seemed a little better, but continued unconscious. Half a drachm

of ether, one drachm of compound spirit of ammonia, and half an ounce of brandy diluted with warm water were injected into the rectum. This acted favorably, restoring color and warmth to the surface. The breathing and pulse became more natural. During all this time, except when allowed to sleep, it moaned very much. As it was looking better, it was now allowed to sleep a couple of hours, and was then roused and a little brandy was given. From this time its recovery was rapid. The quassia produced no effect upon the bowels.

TRAUMATIC CARDIAC HERNIA.—Dr. Lambert (*Lancet*, vol. ii., 1880, p. 261) reports the case of a man who was struck in the region of the heart by the point of a bar of iron, twenty-five feet long and three inches broad, falling about ten feet. He fell insensible, remaining so for half an hour, when he partly regained consciousness. On examination at the end of that time he was found collapsed, with great pain on speaking and over the cardiac region, where comminuted fractures of the second, fifth, and sixth ribs were found. On coughing or deep inspiration a very prominent bulge occurred in this locality, beating synchronously with the pulse. The parts were gently pressed into position and covered with a tin shield. With the exception of some general disturbance and feverishness on the fourth day, the patient did well and made a good recovery, and has never since complained of any discomfort referable to his injury.

ACUTE ECZEMA OF THE FACE FOLLOWING NEURALGIA.—Dr. John Cavafy (*Brit. Med. Jour.*, vol. ii., 1880, p. 126) gives the case of a patient admitted to the hospital under his care with severe pain in the left side of the head and face. The pain extended over the orbit, cheek, and lower jaw, and also to some extent over and behind the ear. The pain was intermittent. Quinine was given (nine grains daily for four days) without benefit. At the end of that time, however, the pain subsided. On the following day that side of the face was swollen, and the swelling continued to increase for several days, at the end of which an attack of acute eczema set in. The whole side of the face was red and extremely œdematous, the eyelids enormously swollen and puffy. The left ear and neck were in the same condition, and the entire surface was streaming with discharge from numerous small vesicles. At the margin of the scalp and beard there were a few yellowish gummy crusts. The disease yielded to local treatment.

TREATMENT OF BROMIDE RASH BY SALICYLIC ACID.—Dr. William Prowse (*Brit. Med. Jour.*, vol. ii., 1880, p. 127) uses a saturated solution of this acid (one grain to an ounce of water) applied frequently, and, when possible, constantly, by means of lint and oiled silk. He gives the case of a young

lady who had suffered from large sores on the calves of both legs, on the forearms, and other parts, resulting from the constant use of the potassic bromide during ten years. Thirty grains per diem is the utmost quantity now taken. For the past two years arsenic has been used in connection with the bromide, controlling the eruption to some extent, but not entirely preventing the recurrence of the eruption. At first Dr. Prowse used various astringents with more or less good results, but the salicylic acid lotion appears to act as an antidote, for in this and other cases of a less severe character in which he has prescribed it its good effects are immediately seen, and wounds of the size of the palm of the hand have been soundly healed in a few (less than seven) days.

REFLEX NERVOUS DISORDERS.—At a recent meeting of the British Odontological Society (*Brit. Med. Jour.*, vol. ii., 1880, p. 18) Mr. Mummery read notes of some cases in which diseased teeth had caused reflex disorders of the nervous system. A young lady came to him in January, 1878, complaining of severe neuralgia of the left side of the face, which had begun soon after the stopping of an upper molar some months before: she had also become subject to marked external strabismus of the left eye. Mr. Mummery extracted the tooth, and in two or three days both pain and squint had gone. In November she presented herself again; the pain had returned as bad as ever; there was ptosis of the left eyelid, the pupil was widely dilated, and her hair was perfectly blanched to the extent of fully two inches over her left temple. Mr. Mummery found that the next tooth to that which he had extracted had become carious. He at once removed it, and in a very short time the pain had disappeared and the eye recovered its natural appearance; but the patient still retained the patch of hair on her left temple. Mr. Mummery related several other remarkable and interesting cases: in some of these, retarded wisdom-teeth had been the cause of reflex nervous disturbance; in others, exostoses had formed on the fangs, though the teeth appeared perfectly sound.

LOCAL ANÆSTHESIA WITH BROMIDE OF ETHYL.—M. Terrillon stated, before the Paris Surgical Society, that he had employed the bromide of ethyl about a dozen times in operations with the thermo-cautery. In a minute or two a white patch indicating cutaneous anæsthesia is produced, and, on the pulverization being continued, insensibility of the tissues is produced to the depth of two centimetres. The production of the white patch is not essential, as anæsthesia may exist when it is absent. The results have proved very satisfactory, but in two cases M. Terrillon did not succeed, owing, as he believes, to the pulverizers which he employed having too small a jet.

FATAL ULCERATION OF THE DUODENUM PRODUCED THROUGH SCALDING BY HOT WATER USED AS A HÆMOSTATIC.—Dr. J. R. Greenwood (*Lancet*, vol. ii., 1880, p. 298) reports the following case. Serious secondary hemorrhage having occurred in a case of amputation of the penis under his care, and the usual hæmostatics having failed, the bleeding surface was sponged with hot water, with the effect of causing complete cessation of the hemorrhage. A day later, however, the wounded surface began to slough, and sloughing extended to the parts of skin adjacent. Symptoms of peritonitis showed themselves, and the patient died a day or two later. At the post-mortem examination a deeply indented elongated ulcer, with a well-defined margin, about an inch long and half an inch broad, could be seen. It commenced half an inch from the pylorus, the gastro-intestinal mucous membrane being otherwise healthy. All the coats of the intestine were destroyed, so that the pancreas formed the base of the ulcer. There was a rent into the peritoneal cavity, with signs of peritonitis. Dr. Greenwood believes the case analogous to ulceration of the intestines observed after burns.—(? Ed.)

HEREDITARY TENDENCY TO FRAGILITAS OSSIUM.—In a note to the *British Medical Journal* (vol. ii., 1880, p. 14), referring to a case of hereditary tendency to fragilitas ossium reported by Mr. Greenish in a former number of that journal, Mr. William Sedgwick mentions cases described by Pauli. Pauli's cases included four members of one generation; their father and grandfather had suffered from fractures. The brittleness of the bones had been observed to come on during the advance from childhood to puberty, and, unlike the brittleness resulting from spirit-drinking and from diseases in which the bony tissues are sometimes secondarily affected, the fractured bones in all of Dr. Pauli's cases, as in those described by Mr. Greenish, readily united.

CHLORIDE OF CALCIUM IN PHTHISIS.—Dr. J. Hunt writes to the *British Medical Journal* (vol. ii., 1880, p. 15) confirming Dr. Sawyer's views as to the results of the chloride of calcium treatment in phthisis. In six cases under Dr. Hunt's care five improved considerably, all presenting an increase in weight, improvement in appetite, and diminution or loss of night-sweats. The remaining case, one of laryngeal phthisis, continued to get worse. In ordinary cases he gives ten grains dissolved in water three times daily, conjoined, as symptoms indicate, with ergot, morphia, belladonna, etc., always at the same time giving cod-liver oil. It is best to keep the salt in solution, because of its great tendency to deliquescence.

TREATMENT OF PHTHISICAL COUGH.—Correspondents in the *British Medical Journal* recommend the following: 1. Tincture of

gelseminum in fifteen to twenty-five minim doses thrice daily, with dilute phosphoric acid. If there be much expectoration, benzoic acid. 2. Hydrobromic acid in doses of twenty minims. It may be given with the addition of spirit of chloroform; inhalation of vapor of iodine. 3. Fifteen minims of hydrobromic acid and ten minims of spirit of chloroform in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codeia, three times a day. 4. R Tinct. pruni Virginianæ, ʒi; glycerin., ʒss; "nepenthe," ʒv; aquæ, q. s. To be taken every three or four hours in troublesome cough, a double dose being given at bedtime.

A THOUSAND OVARIOTOMIES.—On June 11, Mr. Spencer Wells performed ovariectomy for the one-thousandth time. Out of his first 500 cases, 127 died, a mortality of 25.4 per cent. Of the next 300 cases, 77 died, giving a mortality of 25.6 per cent. Of the next 100 cases, 17 per cent. died; and of the last 100 cases, 11 per cent. died. Mr. Wells began to use antiseptic precautions shortly before the beginning of the last 100 cases. The grand total of all the operations gives 768 recoveries and 230 deaths. According to certain calculations made on the basis of life-insurance expectancy, 22,272 years of human life have been added to society by the direct agency of Mr. Spencer Wells.—*New York Medical Record*.

EXTIRPATION OF KIDNEY.—At the Charing Cross Hospital, in London, Mr. Barwell lately extirpated the left kidney of a girl of sixteen, the removal being effected through an opening in the loin. Long-standing and severe suppuration had greatly reduced the patient's strength. The organ was large (six ounces and three-quarters), tuberculous, and suppurating. Since the operation the patient has been doing so well that hopes of her recovery are entertained.—*British Medical Journal*.

MISCELLANY.

DEATH FROM INSOLUBLE PILLS.—At a post-mortem examination held in North Carolina, on the body of a lady who died from inflammation and suppuration in the abdominal cavity induced by no known cause, it was discovered that death had resulted from the impaction of five or six hardened pills in the appendix vermiformis. As these pills had not been administered during her last illness, it was not known how long they had been there, or whether all entered at the same time.

TO DRY BOTTLES QUICKLY WITHOUT HEAT.—F. Lenggenhager (Utica, New York) recommends the following plan. First clean the bottles properly, rinse them with rain-water, and let this drain off for a short time; then

rinse the bottles with strong alcohol, and finally with ether. In a few minutes the bottles will be perfectly dry. Bisulphide of carbon may in some cases be substituted for ether.

—*Druggists' and Chemists' Circular*.

FREE BATHING.—It is said that upwards of one hundred and fifty thousand persons have availed themselves of the free swimming-baths provided by the city at the beginning of the summer.

FROM reports in the daily papers the death of Miss Neilson, the distinguished actress, was caused by the rupture of a varicose Fallopian vein and consequent fatal internal hemorrhage.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 5 TO SEPTEMBER 18, 1880.

MOORE, JOHN, MAJOR AND SURGEON.—Assigned to temporary duty as member of the Medical Examining Board in New York City. S. O. 194, A. G. O., September 11, 1880.

CRONKHITE, H. M., CAPTAIN AND ASSISTANT-SURGEON.—Having reported in person at these Headquarters, is assigned to temporary duty at Fort Sidney, Nebraska. S. O. 83, Department of the Platte, September 7, 1880.

AINSWORTH, F. C., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for six months. S. O. 196, A. G. O., September 14, 1880.

MOSELEY, E. B., CAPTAIN AND ASSISTANT-SURGEON.—The leave of absence granted him from Headquarters, Department of the Platte, August 17, 1880, is extended two months. S. O. 187, A. G. O., September 3, 1880.

PRICE, C. E., CAPTAIN AND ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the East, for assignment to duty. S. O. 196, c. 2., A. G. O.

REED, W., CAPTAIN AND ASSISTANT-SURGEON.—To proceed without delay to Creedmoor, Long Island, for temporary duty with the United States troops at that point. S. O. 156, Department of the East, September 6, 1880.

CARTER, W. F., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—His assignment to duty at Post of San Diego, Texas (par. 2, S. O. 161, c. 2.), revoked. S. O. 176, c. 2., Department of Texas.

By par. 2, S. O. 190, A. G. O., September 7, 1880, the following changes are made, to take effect October 1, 1880:

The following named officers are relieved from duty in the Department of the East, and will report in person to the Commanding Generals of the departments set opposite their respective names for assignment to duty:

ASST.-SURGEON D. G. CALDWELL,	Dept. of the Platte.
" " J. H. PATZKI,	" " South.
" " B. F. POPE,	" " Dakota.
" " W. J. WILSON,	" " "

ASSISTANT-SURGEON FRANK MEACHAM is relieved from duty in the Department of Texas, will proceed to Boston, Mass., and, upon arrival, report by letter to the Surgeon-General.

ASSISTANT-SURGEON R. H. WHITE will report in person to the Commanding General, Department of West Point, for assignment to duty at the United States Military Academy, relieving Assistant-Surgeon Henry Lippincott, who, when relieved, will proceed to New York City, and, upon arrival, report by letter to the Surgeon-General.

ASSISTANT-SURGEONS M. K. TAYLOR and J. H. T. KING are relieved from duty in Department of Texas, will proceed to New York City, and, upon arrival, report by letter to the Surgeon-General.

ASSISTANT-SURGEON W. MATTHEWS will report in person to the Commanding General, Department of the Missouri, for assignment to duty.

ASSISTANT-SURGEON T. A. CUNNINGHAM is relieved from duty in Department of Dakota, will proceed to New York City, and, upon arrival, report by letter to the Surgeon-General.

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